City of Lincoln
Respiratory Protection Program

I. Purpose

The City of Lincoln will work to control occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors with appropriate respirators when accepted engineering control measures are not feasible, while they are being installed, or during short-term jobs such as cleanup operations or work in confined spaces.

Respirators which are applicable and suitable for the intended use will be provided by the City of Lincoln to ensure the protection of employee's health whenever deemed necessary. The City of Lincoln will provide all equipment, training, and medical evaluations as required by the OSHA Respiratory Protection Standard CFR 1910.134 at no cost to the employee.

II. Definitions

The following are important terms used in the Respiratory Protection Program.

Air-purifying respirator: A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air purifying element.

Atmosphere-supplying respirator: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

End-of service-life indicator (ESLI): A system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

Escape-only respirator: A respirator intended to be used only for emergency exit.

Filtering facepiece (dust mask): A negative pressure particulate respirator with a filter as an integral part of the face piece or with the entire facepiece composed of the filtering medium.

Fit factor: A quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test: The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

High efficiency particulate air (HEPA) filter: A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

Hood: A respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

Immediately dangerous to life or health (IDLH): An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Negative pressure respirator (tight fit): A respirator in which the air pressure inside the face piece is negative during inhalation with respect to the ambient pressure outside the respirator.

Oxygen deficient atmosphere: An atmosphere with an oxygen content below 19.5% by volume.

Physician or other licensed health care professional (PLHCP) means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by the Respiratory Protection Program.

Positive pressure respirator: A respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

Qualitative fit test (QLFT): A pass/fail fit test to assess the adequacy of respirator fir that relies on the individual's response to the test agent.

Quantitative fit test (QNFT): An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Self-contained breathing apparatus (SCBA): An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

Service life: The period of time that a respirator, filter, or sorbent or other respiratory equipment provides adequate protection to the wearer.

Supplied-air respirator (SAR) or airline respirator: An atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

Tight-fitting facepiece: A respiratory inlet covering that forms a complete seal with the face.

User seal check: An action conducted by the respirator user to determine if the respirator is properly seated to the face.

III. Responsibilities

The supervisors and employees are ultimately responsible for the effectiveness of this program and the protection of employees from respiratory hazards.

The Risk Management Safety and Training Coordinator or department appointed administrator is the Respirator Program Administrator and is responsible for overseeing the implementation and monitoring the continuing effectiveness of this program. The Administrator is specifically responsible for updating the written program, evaluating respiratory hazards, and program evaluation.

The Program Administrator is responsible for:

- selecting a physician or licensed health care professional to administer the medical evaluation program, as well as coordinating the program.
- providing fit testing.
- the training and information requirements of this program.
- the record keeping requirements of this program.

The employee is responsible for:

- the maintenance and cleaning of respirators.
- using, cleaning, and storing the respirators according to the requirements of this program.
- reporting an problems or deficiencies with the respirator, and/or the elements of this program, to their supervisor or the program administrator.

IV. Respiratory Hazard Evaluation

The supervisor and/or employee is responsible for seeing that the atmosphere is tested to insure breathing air quality.

Respiratory hazards shall be identified and evaluated as necessary wherever a hazard is suspected by anyone in the workplace. This evaluation shall include:

* A reasonable estimate of employee exposure to respiratory hazard(s)
* Identification of the contaminant's chemical state and physical form.

This evaluation shall be used to determine the type of respirator needed (see Appendix A).

The hazard evaluation shall be made by the supervisor and/or employee using information from the chemical Material Safety Data Sheet (MSDS) and/or air quality measurements made in the area being evaluated.

Any respiratory hazard which cannot be identified or reasonably evaluated to estimate the exposure limits will be considered to be Immediately Dangerous to Life and Health (IDLH).

V. Medical Evaluations for Respirator Users

The City of Lincoln will provide a medical evaluation to determine an employee's ability to use a respirator prior to the time the employee is fit tested or required to use the respirator in the workplace.

A designated physician or licensed health care professional (PLHCP) will perform the medical evaluation according to the procedures in Appendix B.

VI. Fit Testing Procedures for Tight-Fitting Respirators

A fit test shall be performed on each employee who is required to use a respirator with a negative or positive pressure tight-fitting facepiece. The fit test shall be done using a respirator that is the same make, model, style, and size of respirator that will be used in the workplace. Any employee using a tight-fitting facepiece respirator must pass a qualitative fit test (QLFT) or a quantitative fit test (QNFT). Details for fit testing are in Appendix C.

VII. Procedures for Proper Use of Respirators

All respirators will be used in compliance with the conditions of its certification by NIOSH. Details regarding respirator use are listed in Appendix D.

VIII. Maintenance Procedures and Schedules

Clean, sanitary, and good working respirators will be supplied by the City of Lincoln to employees working in an area with a respiratory hazard. Details regarding the cleaning, maintenance of respirators are in Appendix E.

IX. Air Quality and Quantity for Atmosphere-Supplying Respirators

Air used to provide breathing air for atmosphere-supplying respirators supplied-air and SCBA will meet the requirements listed in Appendix F.

X. Training

Respirator users will be trained prior to initial use of a respirator and annually thereafter following the requirements in Appendix G.

XI. Voluntary Respirator Usage

If the hazard assessment does not indicate that respiratory protection is required, employees can voluntarily use a respirator by contacting their supervisor. Each request for voluntary use of a respirator will be considered on a case-by-case basis. The City of Lincoln will provide respirators for where voluntary use is permitted.

If voluntary usage is permitted, the program administrator will provide the respirator user with the information contained in Appendix D of the OSHA Respiratory Protection Standard.

Employees using a respirator on a voluntary basis will be included in the Medical Evaluation program.

The user will be responsible for the cleaning, storage and maintenance of the respirator. Employees who voluntarily use filtering face pieces (dust masks) will not be included in a written respiratory protection program.

XII. Program Evaluation

The Program Administrator will evaluate the workplace as necessary to ensure that the written respiratory protection program is being properly implemented and that it continues to effectively control employee exposure to airborne contaminants. A report on the results of the respiratory program audit will be provided to the respiratory file. The report will include an assessment of the effectiveness of the program, and needed corrective actions with planned completion dates.

XIII. Record keeping

Records will be maintained as required in Appendix H to this program.

XIV. Appendices

The following appendices are a mandatory part of this respiratory protection program:

Appendix A	Respirator Selection
Appendix B	Medical Evaluation
Appendix C	Fit Testing
Appendix D	Proper Use
Appendix E	Maintenance

Appendix F Air Quality
Appendix G Training
Appendix H Record keeping.

Questions concerning this policy will be addressed by:

Risk Management
233 South 10th Street
Lincoln, NE 68508
441-7671

Respirator Protection Program Appendices

Appendix A: Respirator Selection Procedures

The type of respirator shall be determined by the Program Administrator and the Department Representative for each workplace with respiratory hazards. The following criteria shall be used in determining the respirator type.

Respirators for use in Immediately Dangerous to Life and Health (IDLH) atmosphere

In IDLH areas, the City of Lincoln will provide employees with:

* A full facepiece positive pressure demand Self-Contained Breathing Apparatus (SCBA) with a minimum service life of thirty minutes, or
* A combination full facepiece positive pressure demand supplied-air respirator (SAR) with an auxiliary self-contained air supply.

Any respirator provided for escape from IDLH atmospheres only will be NIOSH-certified for escape from the area in which they will be used.

Respirators for use in non-Immediately Dangerous to Life and Health (IDLH) atmospheres

In non-IDLH areas, the City of Lincoln will provide employees with a respirator that is appropriate for the chemical state and physical form of the contaminant.

For protection against gases and vapors, employees will be provided:

* An atmosphere-supplying respirator, or
* An air-purifying respirator, provided that:
    - The respirator is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant, or
    - Cartridges or canisters on respirators without an ESLI appropriate for the conditions of the workplace will be changed as necessary.

For protection against particulates, employees will be provided:

* An atmosphere-supplying respirator, or
* An air-purifying respirator equipped with a filter certified by NIOSH under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter, or
* An air-purifying respirator equipped with a filter certified by NIOSH under 42 CFR part 84, or
* For contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers, an air-purifying respirator equipped with any filter certified for particulates by NIOSH.

Appendix B: Medical Evaluation

Lincoln Fire Department personnel shall refer to their comprehensive respirator protection policy (MP504.09 3/99).

Each employee shall have a medical evaluation by a physician or licensed health care professional (PLHCP) prior to any fit testing or use of a respirator. Section 1 and 2, Part A of Appendix C in the OSHA Respiratory Protection Standard (CFR 1910.134) of the medical questionnaire will be completed by each respirator user and sent to the designated PLHCP. Employees will be allowed to fill out the questionnaire during normal work hours or at time convenient to them.

Follow-up medical examination will be provided by the PLHCP for all employees who give a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C. The follow-up medical examination will include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination. The City of Lincoln will provide employees with an opportunity to discuss the questionnaire and examination results with the PLHCP.

The following information will be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator:

* The type and weight of the respirator to be used by the employee,
* The expected physical work effort,
* Additional protective clothing and equipment to be worn,
* Temperature and humidity extremes that may be encountered,
* A copy of the written protection program, and
* A copy of OSHA Respiratory Protection standard.

The PLCHP will provide a written recommendation regarding each employee's ability to use the respirator. The recommendation will provide only the following information:

* Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator,
* The need, if any, for follow-up medical evaluation, and

* A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

If the PLHCP finds a medical condition that may place the employee's health at increased risk if a negative pressure respirator is used, a powered air purifying respirator (PAPR) will be provided if the PLHCP's medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, than a PAPR will no longer be provided.

Additional medical evaluations will be provided if:

* An employee reports medical signs or symptoms that are related to ability to use a respirator,
* A PLHCP, supervisor, or the Program Administrator believes an employee needs to be reevaluated,
* Information from the respiratory protection program, including observations made during fit testing and program evaluation indicates a need for employee reevaluation,
* A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee, or
* A change in health status determined by answers to the Medical Evaluation Questionnaire administered during annual training.

Appendix C: Fit Testing

Each employee required to use a tight-fitting respirator shall be fit tested prior to any use of the respirator when the size, style, model, or make of a respirator is changed, and annually thereafter.

Additional fit tests will be provided whenever the employee reports, the Program Administrator, PLHCP, or supervisor makes visual observations of changes in the employee's physical condition that could affect the respirator's fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

If, after passing a QLFT or QNFT, an employee subsequently notifies the Program Administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee will be given an opportunity to select a different respirator face piece and be retested.

Fit testing will be administered using an OSHA-accepted QLFT or QNFT protocol as listed in Appendix A of the OSHA Respiratory Protection Standard.

QLFT will only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less.

If the fit factor is equal to or greater than 100 for tight-fitting half face pieces, or equal to or greater than 500 for tight-fitting full face pieces, the QNFT has been passed for that respirator.

Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators shall be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection.

Qualitative fit testing of these respirators will be accomplished by temporarily converting the respirator user's actual face piece into a negative pressure respirator with appropriate filters, or using an identical negative pressure air-purifying respirator face piece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator face piece.

Quantitative fit testing of these respirators will be accomplished by modifying the face piece to allow sampling inside the face piece in the breathing zone of the user, midway between the nose and mouth. This requirement shall be accomplished by installing a permanent sampling probe onto a surrogate face piece, or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the face piece. Any modifications to the respirator face piece for fit testing will be completely removed, and the face piece restored to NIOSH-approved configuration, before the face piece can be used in the workplace.

Appendix D: Proper Use Procedures

Respirators only effective when they are properly used. Employees of the City of Lincoln will use the following procedures to insure that respirators are used properly.

* Prohibit conditions that may result in leaks in the face piece seal,
* Under no condition shall employees remove the respirator while still in a hazardous environment,
* Ensure the respirator is functioning properly throughout the entire work shift,
* Follow the procedures for the use of respirators in IDLH atmospheres.

Respirators with tight-fitting facepieces will not be worn by employees who have:

* Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with the valve function,
* Any condition that interferes with the face-to-facepiece seal or valve function, or
* Corrective glasses or goggles or other personal protective equipment that may interfere with the face piece seal to the face.

Employees will perform a user seal check each time they use a tight-fitting respirator following the procedures in Appendix B-1 of the OSHA Respiratory Protection Standard or procedures recommended by the respirator manufacturer.

If at any time there is a change in the work conditions or degree of employee exposure or stress that may affect respirator effectiveness, the supervisor or Program Administrator will reassess the respiratory hazard and the respirator selection will be reevaluated.

Any time during the work shift, employees will be allowed to leave the respirator use area:

* To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use,
* If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece, or
* To replace the respirator or the filter, cartridge, or canister elements.

If, at any time, an employee detects a vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece, the respirator will be taken out of service for repair by a qualified person or replaced by a like style and/or model before allowing the employee to return to the work area.

Procedures for IDLH Atmospheres

The following procedures will be followed in all Immediately Dangerous to Life or Health (IDLH) atmospheres:

* One or more employees will be located inside the IDLH atmosphere as needed,
* One or more employees will be located outside the IDLH atmosphere as needed,
* Visual, voice, or signal line communication will be maintained at all times between the employees in the IDLH atmosphere and the employees located outside the IDLH atmosphere,
* Employees located outside the IDLH atmosphere will be trained and equipped to provide effective emergency rescue (Only employees properly trained and equipped to perform emergency rescue are permitted to enter an IDLH atmosphere to provide assistance), and
* Employees located outside the IDLH atmosphere will be equipped with:
  - Positive pressure SCBAs or a pressure demand or other positive pressure supplied-air respirator with an auxiliary SCBA, appropriate PPE.
  - Appropriate retrieval equipment for removing the employees who enter these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employees and would not increase the overall risk resulting from entry,
  - Equivalent means for rescue where retrieval equipment is not used.

Procedures for interior structural fire fighting

In addition to the procedures above, the following will be required for interior structural fire fighting:

* At least two employees enter the IDLH atmosphere and remain in visual, voice, or physical contact with one another at all times,
* At least two employees are located outside the IDLH atmosphere,
* All employees engaged in interior structural fire fighting shall use full protective clothing and SCBA's.

One of the two employees located outside the IDLH atmosphere may be assigned to an additional role, such as safety officer, so long as this individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any fire fighter working at the incident, the

exceptions are the incident commander in charge of the emergency and the pump operator or aerial operator.

Nothing in this section is meant to preclude fire fighters from performing emergency rescue activities before an entire team has assembled.

Appendix E: Maintenance Procedures

Cleaning and disinfecting
Respirators will be cleaned and disinfected using the procedures in Appendix B-1 of the OSHA Respiratory Protection standard, or procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness.

Respirators will be cleaned and disinfected at the following intervals:

* Respirators issued for the exclusive use of an employee will be cleaned and disinfected as often as necessary by the employee to maintain a sanitary condition,
* Respirators used by more than one employee will be cleaned and disinfected immediately after each use by the employee who last used it,

* Respirators maintained for emergency use will be cleaned and disinfected after each use by the user, and
* Respirators used in fit testing and training will be cleaned and disinfected after each use by the fit tester.

Storage

All respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals as well as to prevent deformation of the face piece and exhalation valve.

Respirators for emergency use will be:

* Kept accessible to the work area,
* Stored in compartment or in covers that are clearly marked as containing emergency respirators, and
* Stored in accordance with any applicable manufacturer instructions.

Inspection
Respirators will be inspected as follows:

* All respirators used in routine situations will be inspected before each use and during cleaning by the user,
* All respirators maintained for use in emergency situations will be inspected at least monthly and in accordance with the manufacturer's recommendations by the area supervisor or their designee and will be checked for proper function before and after each use by the user,
* Emergency escape-only respirators will be inspected before being carried into the workplace for use by the user, and

* Respirator inspections will include checking the following:
    - Respirator function,
    - Tightness of connections,
    - Condition of the various parts including, but not limited to:
        ~ the facepiece,
        ~ head straps,
        ~ valves,
        ~ connecting tube, and
        ~ cartridges, canisters, or filters,
    - Elastomeric parts for pliability and signs of deterioration.

In addition to the requirements above, self-contained breathing apparatus will be inspected monthly by the supervisor or their designee to insure that:

* Air and oxygen cylinders are charged to at least 90% of the manufacturer's recommended pressure level and
* Regulator and warning devices function properly.

Repairs

Respirators that fail an inspection or are otherwise found to be defective must be removed from service and discarded, repaired, or adjusted in accordance with the following procedures: :

* Repairs or adjustments are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator, :
* Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be made, and :
* Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

Appendix F: Air Quality and Quantity for Atmosphere-Supplying Respirators

Compressed and liquid oxygen will meet the United States Pharmacopoeia requirements for medical or breathing oxygen.

Compressed breathing air will meet at least the requirements for Type 1-Grade D breathing air described in ANSI/Compressed Gas Association Commodity specification for Air, G-7.1,1989, to include:

* Oxygen content (v/v) of 19.5 - 23.5%,
* Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less,
* Carbon monoxide (CO) content of 10 ppm or less, and
* Lack of noticeable odor.

Compressed oxygen is never to be used in atmosphere-supplying respirators that have previously used compressed air.

Oxygen concentrations greater than 23.5% will only be equipment designed for oxygen service or distribution.

Purchased air cylinders used to supply breathing air to respirators must meet the following requirements:

* They are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178),
* They have a certificate of analysis from the supplier that the breathing air meets the requirements for Type 1 - Grade D breathing air, and
* The moisture content within the cylinder does not exceed a dew point of -500° F (-45.60 C) at 1 atmosphere pressure.

Compressors used to supply breathing air to respirators are constructed and situated so as to:

* Prevent entry of contaminated air into the air-supply system,
* Minimize moisture content so that the dew point at 1 atmosphere pressure is 10° F (5.560 C) below the ambient temperature,
* Have suitable in-line air-purifying sorbent beds and filters to further ensure breathing air quality (Sorbent beds and filters shall be maintained and replaced or refurbished periodically following the manufacturer's instructions),
* Compressor documents and filter change date and the signature of the person authorized by the employer to perform the change shall be documented and maintained by the program administrator or their designee.
* Monitor carbon monoxide levels in the breathing air from compressors to ensure that concentrations do not exceed 10 ppm.

Breathing air couplings will be incompatible with outlets for nonrespirable work site air or other gas systems. No asphyxiating substance shall be introduced into breathing air lines.

Breathing gas containers will be marked in accordance with the NIOSH-respirator certification standard, 42 CFR part 84.

All filters, cartridges, and canisters used for respiratory protection will be labeled and color coded with the NIOSH approval label. The label will not be removed. If the label is illegible or missing, the equipment should be replaced.

Appendix G: Training and Information

All employees of the City of Lincoln who may need to use a respirator will be trained to a level so that they may demonstrate knowledge of at least:

* Why the respirator is necessary;
* How improper fit, usage, or maintenance can compromise the protective effect of the respirator,
* What the limitations and capabilities of the respirator are,
* How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions,
* How to inspect, put on and remove, use, and check the seals of the respirator,
* What the procedures are for maintenance and storage of the respirator,
* How to recognized medical signs and symptoms that may limit or prevent the effective use of respirators, and

* The general requirement of the OSHA Respiratory Protection Standard (29CFR1910.134).

All employees who use a respirator of any kind, either voluntarily or as a requirement of the job, will be given this training.

As part of annual respirator training, the City of Lincoln will seek input from respirator users on the effectiveness of the Respiratory Protection Program. Users will be surveyed on the following:

* Respirator fit,
* Ability to use the respirator without interfering with effective workplace performance,
* Appropriate respirator selection for the hazards to which the employee is exposed,
* Proper respirator use under the workplace conditions the employee encounters, and
* Proper respirator maintenance.

The Program Administrator will maintain a list of problems and deficiencies identified during these evaluations along with the corrective actions taken.

(Fire Department Personnel refer to Appendix B or MP504.09)

During annual training, the City of Lincoln will also administer the Medical Questionnaire as described in the Medical Evaluation section of this program to determine if changes in health status warrant further evaluation of the employee's ability to wear a respirator.

Retraining will be administered whenever any of the following situations occur:

* Changes in the workplace or the type of respirator render previous training obsolete,
* Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill,
* Any other situation arises in which retraining appears necessary to ensure safe respirator use.

Appendix H: Record keeping

Medical Evaluations

Records of medical evaluations will be retained and made available in accordance with the OSHA Standard 29 CFR 1910.1020. ***(Fire refer to MP504.09)***

Fit Testing

Fit testing records will include the following information:

* The name or identification of the employee tested,
* Type of fit test performed,
* Specific make, model, style, and size of respirator tested,
* Date of test,
* The pass/fail results for QFLTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

Fit test records shall be retained for respirator users until the next fit test is administered.

Training Record
A record of annual training of respirator users will be maintained to verify that users were trained at the time of initial requirement to wear a respirator and at least annually thereafter.

Respirator Program
A written copy of the current respirator program will be maintained by the Program Administrator.

Program Audit
The Program Administrator will maintain copies of all audits related to this standard as well as records related to action taken to correct any deficiencies.

Written materials maintained as required by this program will be made available upon request to affected employees and to OSHA for examination and copying.

Questions concerning this policy will be addressed by:

Risk Management
233 South 10th Street
Lincoln, NE 68508
441-7671